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Investigating the Relationship of Organizational Commitment and Clinical Competence (Case study: Nurses Working in Montazeri Hospital, City of Najafabad, Iran, 2015)

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ABSTRACT

Human resources committed to the organization not only reduces absence, delay, and replacement, but also causes the increase of organizational performance, employees' mental freshness, better attainment to organizational excellent goals, and achieving individual's objectives. Hence, organizational commitment has special importance among the employees of hospital. The nurses' competence is an important criterion required for providing patients' health-cares. The change in nurses' roles and duties has changed the job to a complicated one and requires having various skills, and has caused the clinical competence to be considered more. The present study was performed with the aim of investigating the relationship of organizational commitment and clinical competence in nurses. The research was descriptive correlation type, and the statistical population was all nurses (176 persons) working in Montazeri Hospital, Najafabad city, selected by Census method and 135 persons were investigated. The data collection tool included three questionnaires of personal information, Allen and Meyer's questionnaire of organizational commitment, and questionnaire of clinical competence, that their validity and reliability were confirmed. Data was analyzed with independent t-test, ANOVA, Mann-Whitney, and Pearson's correlation coefficient using the software SPSS 17. The average score of organizational commitment was 91 ± 10.76 , and at medium level. The average score of clinical competence was 74.42 ± 11.69 , and at good level. There was no significant relationship between organizational commitment and clinical competence in the nurses. Only, the emotional commitment dimension had significant relationship with the quality assurance area of clinical competence ($P < 0.05$). Organizational commitment of nurses did not have significant relationship with demographic variables under investigation, while their clinical competence had significant relationship with age, general work experience, monthly salary, job category, location of work and type of employment. This study showed that nurse managers should try to promote organizational commitment, particularly emotional commitment of nurses, so that while increasing trust, durability, and the promotion of nurses' clinical competence, qualified cares are offered to the patients.

Keywords: Organizational Commitment, Clinical Competence, Nursing staff.

INTRODUCTION

Effective human resources are the major factor of continuity, success, and realization of the goals of organizations. In healthcare section, hospital as one of the important institutions offering healthcare services, and in healthcare affair, the human resources has undoubtedly a more crucial role compared with other factors [1].

Organizational commitment is the vital factor in achieving organizational goals. This is a kind of emotional attachment and loyalty feeling towards the organization. It includes three sections: emotional commitment (want to remain), continuous or sustainable commitment (require to remain) and normative commitment (feel to remain) [2]. Emotional commitment is the most important element of organizational commitment. It is defined as one's dependency and attachment to the organization and has positive correlation with organizational justice, job performance, and job satisfaction. It has strong positive relationship with professional commitment and perceived organizational protection and causes the enhancement of trust and reduction of job leave. Factors such as individual characteristics like age, gender, educational level, work experience and marital status; job features such as job area, role conflict and role ambiguity; and organizational structural characteristics such as the ratio of formality, centralization, size, and employees work experience, have impact on level of employees' emotional commitment [3]. In respect of emotional commitment, one who is intensely committed, having participated in the organizations is involved in works and enjoys membership in the organization [4].

Normative commitment has been defined as a kind of commitment and obligation that leads the employees towards the feeling of remaining in the organization. Normative commitment causes the increase of trust towards the organization, and is important factor in motivating people's participation in the organization. The results of some studies have shown that job satisfaction enhancement causes the increase of normative commitment. The continuous commitment related to remaining in the organization is also due to rewards resulted from remaining in the organization or costs of leaving it. From this perspective, people are committed to the organization, and provided that they leave it, they would lose their organizational specific advantages, social statue, and social network [3].

(Clinical competence is to offer nursing cares based on performance professional standards. The word competence is applied to describe the required skills and abilities for safe and effective performance without requiring direct supervision of the work) [5].

Clinical competence is a combination of ethics and values and its reflection in people's skills and knowledge, and honesty, care, communicational skills and compatibility have been recognized as the signs of one's competence [6]. Offering highly qualified nursing cares requires the skill and competence of nurses. Nurses' clinical competence means competence in the areas of clinical, cognition, mental, physical, critical thinking, decision making skills, and the ability of promoting scientific knowledge and clinical experience, safe care, and ultimately standard care of patients.

Clinical competence is the wisely application of technical and communicational skills, knowledge, clinical reasoning, affections and values in the clinical environment. A person is regarded competent who is able to perform his/her role or a set of professional duties at appropriate level, degree, and quality. Numerous factors impact on acquiring, maintaining, and promoting nurses' clinical competence, among the most important of which the external factors can be referred, that organizing clinical environment, mental atmosphere of ward, continuous educational programs, available technologies, effective management, and control and supervision are among the important factors of this group [1].

The nurses are the greatest group of service providers in the health systems that can impact on the quality of offering healthcares, and the nursing quality directly impacts on the output of health system [1].

Education and training of nurse, working experience, professional development, independence, individual characteristics, motivation, job satisfaction, and also the evaluation of nursing cares quality have been identified as the factors related to nurses' clinical competence, and these factors should be investigated more to promote nurses' clinical competence [8].

Merrtoja Ritahas classified clinical competence areas into seven areas: assistance and helping the patient, education and guidance, diagnosis measures, managerial abilities, treatment measures, quality assurance, job and organizational duties [9].

Joint Commission on Accreditation of World Health Organization emphasizes that the nurses' clinical competence is an important criterion necessary for offering healthcares to the patients, that disregarding it by the authorities in health centers could delay patients' treatment, particularly in emergency times, and the patient would face with serious and threatening life consequences [10].

Moreover, organizational commitment indicates employees' standpoint towards their organization and work and it is manifested with indicators like feeling proud of the organization, more enthusiasm to engage in the works of organization, remaining in that organization for a long time and knowing their organization valuable [11]. In the clinical area, the change in nurses' roles and duties has changed it to a complicated job, requiring various skills as well, and has caused the clinical competence to be considered more, because the entrance of nurses lacking clinical competence to the healthcare centers endangers public health [12].

Considering the researches performed inside and outside the country, it was specified that many variables such as job satisfaction [13, 14, 15, 16 and 17], work environment [14], job stress [18], workplace ward [14], leadership and management style [13 and 19], organizational support [20], individual's attitude towards his/her job [21 and 22], age and work experience [23 and 24], job position [14], psychological factors [25] have relationship with these two variables, that the previous researches indicate this point. But in the performed investigations, no research indicating the relationship between organizational commitment and clinical competence, particularly among the nurses has been done, that this point made the researcher to undertake the present research. So this study was aimed to determining the relationship of organizational commitment and clinical competence of nurses working in Martyr Mohammad Montazeri Hospital in 2015.

MATERIALS AND METHODS

The present research is descriptive correlation, and it is cross-sectional in respect of time. The statistical population includes all nurses (176 persons) working in Martyr Mohammad Montazeri Hospital, that 135 of them having the criteria of entering the study including those who had bachelor degree of nursing, willing to participate in the project, and having at least 3 months work experience, were selected by Census method. Lack of willingness for cooperating during the studying, or distorted and incomplete questionnaires were eliminated from the study.

In this research the three sections questionnaire, including demographic characteristics (including: age, gender, marital status workplace, workplace ward, educational level, general work experience, work experience in the current ward, current position, employment statue, the number of shifts per month, and monthly salary), the Allen and Meyer's questionnaire of organizational commitment, and the Mortoja Rita's questionnaire of clinical competence were used for data collection.

Allen and Meyer's questionnaire of organizational commitment has been made and accredited in 1996. This scale has 24 questions and seven options Likerts scale (I am completely agree, I am very agree, I am agree, I am neither agree nor disagree, I am disagree, I am strongly disagree, I am completely disagree, which are in the score order from 1 to 7 for each question (I am completely agree (7), and I am completely disagree (1)), and the scores 8 to 56 for each dimension, and scores 24 to 168 belong to all three dimensions as well. The range of scores from 24 to 72 has been considered as having low organizational commitment, the range of scores from 72 to 121 has been considered as having medium organizational commitment and the range of scores having more than 121 have been considered as good organizational commitment. This questionnaire has three components: emotional commitment (questions 1 to 8), continuous commitment (questions 9 to 16), and normative commitment (questions 17 to 24). In researches of Allen and Meyer (1984), Hackett, Basio and Hausdorff (1994) the reliability coefficients of every three scales of organizational commitment have been reported from 0.50 to 0.88, indicating their acceptability. The reliability of this scale in researches of Allen and Meyer (1984), Hackett et al. (1994) has been reported from 0.60 to 0.70 [26]. In the present study, the overall reliability of this questionnaire was obtained 0.79 by using Cronbach's Alpha.

Merrtoja Rita's (2004) clinical competence questionnaire has been translated to Persian and normalized for the first time by Dr. Bahreini et al. (2008). This tool has been designed based on "Benner's from novice to expert theory". This tool assesses 73 nursing skills in seven various areas including eleven individual questions, assistance and helping the patient area (seven skills), education and guidance area (sixteen skills), diagnosis measures area (seven skills), managerial abilities area (eight skills), treatment measures area (ten skills), quality assurance area (six skills), job and organizational duties area (nineteen skills). This questionnaire is completed as self-assessment, and in front of each one of the skills, in terms of the ratio of possessing it, a score from 0-100 should be given. In classifying the level of nurses' clinical competence, four levels of low (score 0-25), relatively good (score 26-50), good (score 51-75), and very good (score 76-100) have been considered. The questionnaire validity has been confirmed by the viewpoints of experienced nursing experts and professors of the universities of Bushehr and Shiraz, then by performing a pre-study the tool reliability was also investigated and the Cronbach's Alpha ratio in seven areas was determined between 0.75 to 0.89, indicating good internal consistency of areas and high reliability of tool [27]. In the present research the questionnaire reliability was obtained 0.95 by using Cronbach's Alpha method.

In this research for describing the data the statistical indicators of mean, standard deviation, minimum and maximum score and for data analysis Kolmogorov-Smirnov tests, and for knowing normality the independent t-tests, ANOVA test, Mann-Whitney test, Pearson's correlation coefficient were used.

Considering that the questionnaire plan was as self-report, it might be impacted by personal attitudes and working conditions of participants and in this respect the study has had limitation.

RESULTS

The mean age of participants in the study was 32.25 ± 7.44 years, %92.6 female, and %71.1 of them were married and %98.5 had bachelor degree of nursing. Also 26.6% had contractual employment status, %89.6 had clinical nurse position. The average of general work experience of people under study was 8.75 ± 7.2 years. The ratio of work experience in the current ward of units under study had the average of 4.6 ± 1.5 years.

Table 1: The Statistical indicators of three Areas of Organizational Commitment in nurses

Areas	Number of Items	Minimum Score	Maximum Score	Mean score	Standard Deviation
Emotional Commitment	8	17	44	30.78	4.53
Continuous Commitment	8	11	43	28.69	5.95
Normative Commitment	8	20	49	31.53	4.48
Total Score of Organizational Commitment	24	48	136	91.00	10.77

In general, the mean score of organizational commitment was 91.00 ± 10.77 , and at medium level (table 1).

The results showed that there were no significant correlation between the score of nurses' organizational commitment with age ($r = 0.027$, $p = 0.753$), general work experience ($r = -0.023$, $p = 0.787$), work experience in current ward ($r = 0.037$, $p = 0.667$), monthly salary ($r = 0.094$, $p = 0.278$), and number of work shifts ($r = 0.092$, $p = 0.288$) in nurses.

Table 2: Relationship between the mean of Organizational Commitment Scores with personal Variables in the nurses

Variable	Statistics	Significance Level
Gender	0.823	0.412
Marital	0.638	0.525
University Type	2180.5	0.977
Job Category (Position)	0.193	0.825
Ward	1.890	0.1
Employment Type	0.731	0.573

Significance Level at 0.05

There was not significant relationship between the organizational commitment score and demographic variables of gender, marital status, university type, position, ward, and employment type (table 2).

Table 3: The Statistical indicators of Seven Areas of Clinical Competence in the nurses

Areas	Number of Skills	Minimum Score	Maximum Score	Average	Standard Deviation
Assistance and helping the patient area	7	34.21	100.00	72.81	13.99
Education and guidance area	16	24.13	98.13	74.06	13.07
Diagnosis measures area	7	29.93	100.00	78.08	13.04
Treatment measures area	8	41.00	100.00	79.40	12.99
Managerial abilities area	10	45.50	100.00	74.45	11.96
Quality assurance area	6	16.33	98.33	64.65	17.39
Job and organizational duties area	19	30.08	100.00	76.96	13.47
Total number and average of clinical competence scores	73	41.65	98.08	74.42	11.69

The treatment measures area had the highest score and the quality assurance area had the lowest score of clinical competence. In general, the mean score of clinical competence was 74.42 ± 11.69 and evaluated at good level (table 3).

The results showed that there is significant correlation between the score of nurses' clinical competence and the variables of age ($r = 0.438$, $p = 0.000$), general work experience ($r = 0.438$, $p = 0.000$), monthly salary ($r = 0.266$, $p = 0.002$),

But there was not significant correlation between the score of nurses' clinical competence and the variables of work experience in ward ($r = -0.140$, $p = 0.106$), and the number of monthly work shifts ($r = -0.123$, $p = 0.155$).

Table 4: Relationship between the mean of Clinical Competence Scores and the personal Variables in nurses

Variable	Statistics	Significance Level
Gender,	0.645	0.520
Marital	0.806	0.422
University type	0.130	0.897
Job category (position)	9.571	0.000
Ward	4.209	0.001
Employment type	5.437	0.000

There was significant positive correlation between clinical competence and the personal variables of job position, workplace ward, and employment type of units under study ($P < 0.05$), but there was no significant correlation between the variables of gender, marital status, university type and clinical competence (table 4).

The results showed that head nurses acquired the highest score and the nurses acquired the lowest score of clinical competence and the score of supervisors was at medium level. The clinical competence score of head nurses and supervisors was significantly more than the nurses. The highest mean score of clinical competence among the nurses under study was related to the nurses of surgery ward, and the score average of clinical competence of those working as experimental formal employment was significantly higher than those working as employment plan.

The results showed that there is significant correlation only between quality assurance area and emotional commitment ($P < 0.05$); the nurses who had the highest score in emotional commitment dimension, had higher score in quality assurance area as well, and had higher clinical competence in this area. Other areas of competence did not have significant correlation with organizational commitment dimensions. There was not significant relationship between total score of clinical competence and total score of organizational commitment of nurses under study either ($P > 0.05$) (table 5).

DISCUSSION

The results of this research showed that there was not significant relationship between organizational commitment and clinical competence of nurses participating in the research.

Table 5: The Ratio of Pearson's Correlation Coefficient of Clinical Competence Components and Organizational Commitment Components

		Organizational Commitment Dimensions			
			Emotional Commitment	Continuous Commitment	Normative Commitment
Clinical Competence Areas	Assistance and helping the patient area	Correlation ratio	0.06	-0.07	0.14
		Significance level	0.49	0.42	0.12
	Education and guidance area	Correlation ratio	0.13	-0.04	0.11
		Significance level	0.14	0.64	0.20
	Diagnosis measures area	Correlation ratio	0.12	-0.15	0.03
		Significance level	0.15	0.07	0.74
	Treatment measures area	Correlation ratio	0.07	-0.07	0.06
		Significance level	0.41	0.42	0.50
	Managerial abilities area	Correlation ratio	-0.02	-0.05	0.07
		Significance level	0.82	0.56	0.41
	Quality assurance area	Correlation ratio	0.17	0.13	0.06
		Significance level	0.05	0.13	0.49
	Job and organizational duties area	Correlation ratio	0.06	-0.07	0.009
		Significance level	0.45	0.45	0.92
	Overall correlation of organizational commitment and clinical competence	Correlation ratio	0.04		
		Significance level	0.63		

The mean score of organizational commitment of nurses under study was 91.00 ± 10.77 and evaluated at medium level. The continuous commitment with the average of 28.69 allocated the lowest average to itself, and the normative commitment with the average of 31.53 average allocated the highest average to itself that corresponds with the study of Nabizadeh Gharaghozar (2013) in respect of medium level of organizational commitment [3], but does not correspond with the results of Alsiri (2012), Zahedi and Ghajarieh (2011), Mortazavi and Kargozar (2012), and Asghari (2012) studies [11, 28, 29, and 30]. It seems that the difference in the organizational characteristics of the performing research environments and the applied tools in assessing organizational commitment can impact on the results of studies. Considering the lowness of nurses' job satisfaction level and the weak ratio of their perceived organizational justice, and also the existence of relationship between organizational commitment and job satisfaction and nurses' organizational justice in the previous studies, the medium level of organizational commitment in the present study can be predicted. Considering that the superior indicators of an organization over another organization is the loyal and committed human resources, hence recognizing the organizational commitment statue of employees can help the managers in the improvement and enhancement of employees and organizational goals.

The results of present study showed that the organizational commitment of nurses under study had no significant statistical relationship with their individual demographic and job variables. However, the results of Alasri study (2012) indicates the relationship between nurses' organizational commitment and their employment status and workplace, the results of Lorber and Savik (2014) indicates the relationship between nurses' organizational commitment and their job position, the results of Roohi study (2012) indicates the relationship between organizational commitment and age, and nurses' employment status, the results of Asghari study (2012) indicates the relationship between participants' organizational commitment and demographic variables of age, general work experience, work experience in the current ward, and management experience that contradict with the results of this study [11, 19, 28, and 31]. It seems that this contradiction is due to the difference in sample size of researches and difference in nursing work environments, and with regard to the cultural conditions governing on various hospitals,

and provided that a research with a greater statistical population is performed, more reliable results would be obtained. Organizational commitment is impacted by major factors such as management styles, organizational climate and culture, and organizational justice, and solely the employees' individual factors does not impact on their commitment.. Organizational commitment is an important factor in understanding employees' behavior that in addition to impacting on employees' performance, causes productivity enhancement, improves service delivering, and increases service quality.

The mean score of clinical competence of the nurses was 74.42 ± 11.73 , and evaluated at good level. The lowest score was related to the quality assurance area, and the highest score was related to the treatment measures area. Rezaie et al. (2013) in their research evaluated the nurses' clinical competence 82.97 and at very good level [32]. Bahreini et al. (2008) and Habibzadeh et al. (2012) evaluated the average score of nurses' clinical competence at good level [33, 34]. The results obtained from previous studies in Iran almost correspond with the present study. It seems that the existence of same nursing training program, continuous supervision of the Ministry of Health in order to train competent nurses, as well as implementing evaluation system based on performance in order to improve the quality of nursing cares quality in the hospitals affiliated to the country's medical sciences universities have caused almost the same results to be reported in the mentioned studies.

In the present study there was significant correlation between variables of age, general work experience, salary, job position, workplace ward, employment type and clinical competence ($P < 0.05$). But there was not significant relationship between clinical competence and variables of marital, university place, and gender ($P > 0.05$). The highest score of clinical competence was related to the head nurses, and the scores of clinical competence of the head nurses and supervisors were significantly higher than nurses. In Habibzadeh et al. study (2012) the clinical competence did not have significant relationship with the demographic variables of age, gender, marital, education, employment type, and workplace ward, but it had significant relationship with work experience [34]. Karimi Monaghi et al. (2011) found out that the clinical competence only had significant relationship with hospital workplace [6]. However, there was not significant relationship between age, general work experience, and work experience in current ward of nurses and clinical competence in Bahreini et al. (2010) study [27]. It seems that as well as the nurses work experience would increase usually as well as the clinical competence would promote.

The results of study indicated that only had significant positive correlation between quality assurance area and nurses' emotional commitment. This finding means that those nurses who have stronger belief in their organization, and have higher acceptance towards the organizational goals, values and ideal, are more loyal to their organizations and have higher emotional commitment and have higher clinical competence in quality assurance area. It seems that this point will directly impact on the quality of service offering and the satisfaction ratio of patients. Thus, the nurse managers try to increase the quality of service offering by increasing the organizational commitment level, particularly nurses' emotional commitment.

CONCLUSION

Considering that the obtained results of this research showed that the nurses under study have medium organizational commitment, and clinical competence is at good level, but no significant relationship was observed between organizational commitment and their clinical competence ratio. Although no similar study was found in literature research, to complete scientific information in this respect more researches with greater statistical population should be performed. It can be concluded that observing ethical values in the country's nursing community, nurses' religion and culture can cause them to perform their humanistic responsibility and duty, no matter what their level of organizational commitment is. But regarding the importance of human resources in every organization as the most important capital, the nurse managers should try to enhance their organizational commitment, because nurses' medium organizational commitment can be a warning alarm for that organization, and they might lose the staff with good clinical competence, or they might lose their working motivation, and adverse changes might be created on their clinical competence level.

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